

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of:

) Case No.:

)

) GUARDIAN'S REPORT AND
) ACCOUNTING

)

) (ANR)

If you need more room to answer any item, please attach an additional page.

1. Date of Appointment and Reporting Period: The Guardian was appointed on _____ . This Report covers the period from _____ through _____. The closing date for all reports is (*anniversary date of appointment*) _____, and the Guardian is required to file reports within 90 days of that date. The Guardian is to file a report every [] 12, [] 24, [] 36 months.

2. Scope of Guardianship: [Check all boxes that are appropriate.]

- [] Full Guardianship of the Person [] Full Guardianship of the Estate
[] Limited Guardianship of the Person [] Limited Guardianship of the Estate
[] The Incapacitated Person is a beneficiary of a Trust, which was approved by the Court or is subject to court supervision. The Trustee's name, address, and court case no. are:

3. Contact Information for Incapacitated Person, Guardian and Standby Guardian:

| | Incapacitated Person | Guardian | Standby Guardian |
|--------------------|----------------------|----------|------------------|
| Full Name: | | | |
| Mailing Address: | | | |
| City, State & Zip: | | | |
| Telephone Number: | | | |
| Fax Number: | | | |
| Email Address: | | | |

4. Interested Parties: *[List each person who has filed a Request for Special Notice of Proceedings and those whom the Court has designated to receive copies of reports.]*

| Name | Mailing Address | Relationship to Incapacitated Person |
|------|-----------------|--------------------------------------|
| | | |
| | | |
| | | |

5. Interested Governmental Agencies: *[Check each box that is applicable.]*

☐ The Incapacitated Person is a veteran who has served in the United States Military. Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174.

6. Benefits Received. The Guardian receives the following benefits on behalf of the

Incapacitated Person: ☐ SSDI/SSA; ☐ SSI; ☐ Medicaid; ☐ Medicare;
☐ Copes; ☐ TANF; ☐ HUD; ☐ Food Stamps; ☐ GAU;
☐ Public Assistance; ☐ VA; ☐ CSA; ☐ Other--Specify: _____

7. Inventory. An inventory of all property of the Incapacitated Person's estate at the commencement of the Guardianship [] is, or [] is not on file herein. An updated inventory is contained in this Report.

8. Personal Care Plan *[To be filled out by all Guardians of the Person.]*

a. Status. The Incapacitated Person was born on _____, and is now _____ years of age.

[] The Guardian believes that the Incapacitated Person is receiving satisfactory care

OR

[] the Guardian has the following concerns for which a change is requested

_____.

b. Change in Residence. The following changes in residence of the Incapacitated Person occurred during the reporting period: _____.

c. Medical Condition. The medical condition of the Incapacitated Person is *(list all disabilities and changes that occurred during the report period)*:

d. Mental Condition. The mental condition of the Incapacitated Person *(list diagnosis, if any, and changes that occurred during the report period)*:

e. Changes in Incapacitated Person's Functional Ability. A description of changes, if any, in the functional abilities of the Incapacitated Person:

f. Activities of the Guardian Taken on Behalf of the Incapacitated Person. The following is a description of the activities in which the Guardian has engaged for the benefit of the Incapacitated Person: _____

g. Description of Recommended Changes in Scope of Authority of Guardian. The scope of authority of the Guardian

[] remains the same, OR

[] should be changed as follows: _____

h. Names of Professionals Who Have Aided the Incapacitated Person. The following professionals have assisted the Incapacitated Person during the period covered by this report: _____

i. Guardian's Plan for Future Care. The Guardian's care plan, [☐] remains the same, OR [☐] is changed as follows: _____

[Special Accounting Instructions: The Guardian of the Estate may use "Accounting Summary Form #1" OR the Guardian may complete an alternative Summary Form (check the appropriate box):

[☐] If the Incapacitated Person lives in a supported residential facility, and all of the income is managed by that facility, then complete items 9-12 only; OR

[☐] If the value of the Incapacitated Person's estate is less than \$80,000, then use "Accounting Summary # 2-Short Form."

[☐] All professional Guardians of the Estate and trustees must complete "Accounting Summary Form # 3 – Professional Guardians and Trustees."

On all forms, the Guardian/Trustee need only complete the lines that pertain to the subject Estate.]